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Psychiatric RESidential care Communities: Upgrading and Enhancing skills and competences for member of staff professional qualification”

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RESEARCH AND CONTEXT ANALYSIS

NATIONAL REPORT FOR CZECH REPUBLIC – EXECUTIVE SUMMARY

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Six countries are involved in this, European funded, 2-year project in which a training curriculum will be developed for a new type of professional: the Psychiatric Community Worker.

Participants come from: Italy, Greece, the Netherlands, Latvia, the United Kingdom (Scotland) and the Czech Republic, represented by the Centre for Mental Health Care Development.

In 1st phase of the project National Report no.I was created. The document outlines historic roots and basic development of mental health care in the Czech Republic. It also lists the main laws affecting development in the care for mentally ill and describes the system and organisation, main care providers and their financing. Special attention is paid to the so far underprivileged community care for mentally ill, which has not yet been systematically developed in the Czech Republic. The topics cover the present situation in community care that is provided mostly by NGOs. Accurate statistical data is lacking, though, because the Medical Information and Statistics Institute does not register this data at the time being. The document describes individual professions in care for mentally ill and the system of pre- and post-graduate education. An example of an NGO Fokus Mladá Boleslav documents the possibility to build a well-functioning system of regional community care even in the difficult conditions of lacking legislation and insufficient financial and organisational support. In terms of the project key objective, preparation of a training

module for residential service workers, an example of housing support sketches the strengths and weaknesses, possibilities and threats in building a community care system in the Czech Republic. Remarkable demand for residential care (estimated at 2 – 3 thousand persons presently in hospitals who could use residential care services) and the fact that the Czech Republic already has examples of good practice and there are community service providers already at work who understand the importance of support to housing, can be marked as strengths. The weakness is the lack of residential services and professionals trained to work in the field and in residential services, lack of financial support and coordination between health and social care that is essential for the establishment of a housing support system. Opportunities lie in the re-allocation of funds from so-called social hospitalisation to a housing support system within community care. Other opportunities are presented by existing organisations that, with sufficient funds, would be able to provide care and to develop self-supporting activities of users and family members aimed at supporting housing programmes. Equally important is a change in the political representation's attitude that should focus on support to community rather than institutional care.